

DR Dawn Riisik and Associates

PhD, B.Sc.(Hons), B.A, Dip P.E, Dip Clin Hyp, M.A.P.S.
A.C.N 057353712

CLINICAL PSYCHOLOGIST

Consulting Rooms

24-7-2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear SSCCA,

Enclosed is a letter of submission to the committee that the two-tiered Medicare rebate system for psychologists is necessary to ensure the appropriate psychology treatment of people with mental illness, and the training of a sufficient number of clinical psychologists. Significant evidence exists of the efficacy of the work conducted by clinical psychologists(refer to Work Value Document (1998), Application No,P39 of 1997: Increased Work Value: The Case of Clinical Psychology.HSOA Vs Royal Perth Hospital and Others). The Australian Psychological Society has significant data regarding the efficacy of clinical psychology in USA and Great Britain.

I completed my undergraduate degree in psychology and the two years of supervision necessary for registration and began practicing as a psychologist in 1983. My main role in the position was to provide counselling and to teach relaxation strategies to the clients. I soon realized that many of my clients had mental illness and I did not have the knowledge nor the skill to assess, diagnose nor treat the illness. Hence I enrolled in a post-graduate course of clinical psychology and thereby gained the necessary knowledge and skill. I am concerned that if the two tiered Medicare rebate system is removed, the small percentage of undergraduates who have gained the high academic standard to qualify for a post-graduate degree of clinical psychology will not be motivated to complete such training and hence there may be a paucity of clinical psychologists.

I have practised psychology for 28 years. I began my clinical psychology practice in 1991 and since then have supervised many generalist psychologists for the two years of supervised practice necessary for registration. I can write confidently that all of these supervisees have expressed a lack of knowledge and skill with assessment, diagnosis and treatment of mental disorders. Most of my supervision involves assisting the psychologist with knowledge and skill in counselling and strategies to reduce levels of anxiety and depression. There is insufficient time to include in the supervision the extensive knowledge and understanding of the treatment of complex disorders such as psychosis, anorexia, obsessive compulsive disorder, dissociate disorder, complex trauma and borderline personality disorder. Clinical psychologists receive such training from their post-graduate degree. I also supervise registered generalist psychologists. Most of them readily state that they are confident in treating anxiety and depression but because of their lack of expertise in treating many mental disorders they tend to refer the clients with debilitating disorders to clinical psychologists.

My major concern is for the clients. Currently in my private practice the majority of my clients receive a pension health concession card and I bulk bill these clients. The clients for whom I bulk bill are referred to me by their General Practitioner or by Word of Mouth because they know that I have the necessary expertise to treat debilitating mental disorders. I charge a small gap fee for the other clients whose mental illness is generally less severe. Most of the clientele I bulk bill are unable to work full time. Hence they cannot afford to pay a fee for psychology treatment. I am predicting that if clinical psychologists receive the same fee as generalist psychologists that they will charge a larger fee. I believe that most clinical psychologists believe that their payment should be commensurate with the expense and the time taken of the postgraduate degree and with their gained knowledge and skill. Specialist medical practitioners receive higher payments than General Practitioners who have not had the extensive training in the specialist fields. Clients who cannot afford a fee will probably choose to receive treatment from a generalist psychologist and hence would not receive the benefit of having a psychologist who has highly developed knowledge and skill in assessment, diagnosis and treatment of their mental illness.

In conclusion, if clinical psychologists receive the same payment as generalist psychologists it is likely that less graduates will apply for postgraduate clinical training, and also that clinical psychologists will charge a higher fee, both of which will preclude access by people with mental illness to the necessary clinical treatment provided by clinical psychologists.

Yours faithfully, Dawn Riisik